



Mississippi State Medical Examiners Office

AUTOPSY RECORDS REQUEST FORM

Next of Kin



Case # _____ Decedent's Name _____

Date of Death: _____ County of Death: _____

REQUESTED ITEMS *Check as many that apply (availability may vary by case)*

Autopsy Report ☐

Toxicology Report ☐

Autopsy Photos ☐

YOUR CONTACT INFORMATION

NAME: _____ PHONE NUMBER: _____

RELATIONSHIP: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

☐ MAILED ☐ PICKED UP

Reports provided at **no charge to Legal Next of Kin, Coroners and Investigating Agencies.**

OFFICE USE ONLY

DATE MAILED: _____ DATE PICKED UP: _____

MAILED BY: _____ PICKED UP BY: _____

Mississippi State Medical Examiners Office

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